

VISION PLAN SERVICE (VSP) VISION CHOICE LOW PLAN

\$25

**PRESCRIPTION
GLASSES COPAY**

\$10

**ANNUAL WELL
VISION EXAM**

\$0

**CONTACT
LENSES COPAY**

PRESCRIPTION GLASSES AND FRAMES

\$150 allowance for frames; every calendar year
employees may get glasses or contacts on this plan each year

PRESCRIPTION LENSES

Single vision, lined bifocal and lined trifocal lenses
Every calendar year

Standard: \$0

LENS ENHANCEMENTS

Progressive lenses: Standard, Premium, Custom
Every calendar year

Progressive: \$95-\$105
Custom: \$150-\$175

CONTACT LENSES

\$150 allowance, no copay; every calendar year
employees may get glasses or contacts on this plan each year

DIABETIC EYECARE PLUS PROGRAM

Diabetic eye disease, glaucoma and AMD
Retinal screenings as needed

\$20

VISION PLAN SERVICE (VSP) VISION CHOICE HIGH PLAN

\$25

**PRESCRIPTION
GLASSES COPAY**

\$10

**ANNUAL WELL
VISION EXAM**

\$0

**CONTACT
LENSES COPAY**

PRESCRIPTION GLASSES FRAMES

\$150 allowance for frames; every calendar year

PRESCRIPTION LENSES

Single vision, lined bifocal and lined trifocal lenses
Every calendar year

Standard: \$0

LENS ENHANCEMENTS

Progressive lenses: Standard, Premium, Custom
Every calendar year

Progressive: \$95-\$105
Custom: \$150-\$175

CONTACT LENSES

\$150 allowance, no copay; every calendar year

DIABETIC EYECARE PLUS PROGRAM

Diabetic eye disease, glaucoma
and AMD. Retinal screenings as needed

\$20

**SECOND PAIR OF GLASSES OR CONTACTS
SUBJECT TO SAME COPAYS AND RATES**